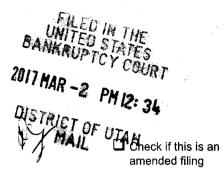
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ebtor 1	Paola		Vigo-ghers
<b>J</b>	First Name	Middle Name	Last Name
ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name
ted States	Bankruptcy Court for the: _	Distric	et of UTAH



Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Give Details About	: Your Marital Statu	s and Where Yo	u Lived	Before	· · · · · · · · · · · · · · · · · · ·		
Ωм	is your current marital started of married ot married	status?						
	g the last 3 years, have o es. List all of the places y Debtor 1:	ou lived in the last 3 yea	•		ı live now.			Dates Debtor 2 lived there
	4			☐ Same	as Debtor 1			☐ Same as Debtor 1
Andrewskie Control of the Contro	Number Street	ay 201	From 09/01/2015 To 06/01/2016	Numbe	er Street			From
	Taylorsville	8412	3					
-	City	State ZIP Code		City	Search and Committee and Commi	State 2	ZIP Code	000 быйын жынымын байтын байтын түү кайы түү кайын жынуууу жагандарда ка
Property and the second	550 East Green Meado	w Unit 12m	From 02/01/2014	☐ Same	as Debtor 1			Same as Debtor 1
ere da de la constituire della constituire de la constituire della constituire della constituire della constituire della constituire della constituire della	Number Street		To 08/30/2015	Numbe	er Street			From
CELL CHANGES	Murray	84107	,					
TOTAL DOWN TO	City	State ZIP Code		City	<del></del>	State	ZIP Code	• • • •
states	n the last 8 years, did yes and territories include Al o es. Make sure you fill out	rizona, California, Idaho	, Louisiana, Nevada	a, New Me				

Part 2: Explain the Sources of Your Income

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Case number (if known)\_

Vigo-ghersi

Paola

Debtor 1

Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have inco No The Yes. Fill in the details.	d from all jobs and all busi	nesses, including part-ti	me activities.	dar years?
nervand	Debtorit is a	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Debtor 2	
	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<ul><li>Wages, commissions, bonuses, tips</li><li>Operating a business</li></ul>	\$_9364	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$_0
For last calendar year: (January 1 to December 31, Yr 2016 YYYY	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>) ☐ Operating a business</li></ul>	\$_47363	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$0
For the calendar year before that:  (January 1 to December 31, Yr 2015  YYYY	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>) ☐ Operating a business</li></ul>	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$_0
nclude income regardless of whether that inc inemployment, and other public benefit payn jambling and lottery winnings. If you are filing	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	money collected from lawsu ed together, list it only once	its; royalties; and
nclude income regardless of whether that inconnemployment, and other public benefit paym ambling and lottery winnings. If you are filing ist each source and the gross income from a	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do	of other income are alinome; interest; dividends; e income that you receive	money collected from lawsued together, list it only once t you listed in line 4.	its; royalties; and
nclude income regardless of whether that inc nemployment, and other public benefit paym ambling and lottery winnings. If you are filing ist each source and the gross income from o	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	money collected from lawsu ed together, list it only once	its; royalties; and under Debtor 1.  Gross Income from each source
nclude income regardless of whether that inc nemployment, and other public benefit paym ambling and lottery winnings. If you are filing ist each source and the gross income from o	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of Income Describe below.	of other income are alinome; interest; dividends; e income that you receive not include income that  Gross Income from each source (before deductions and exclusions)	money collected from lawsued together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below.	Gross income from each source (before deductions)
nclude income regardless of whether that incomendation incoment, and other public benefit payment, and other public benefit payment and lottery winnings. If you are filing is each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of Income Describe below.	of other income are alinome; interest; dividends; e income that you receive not include income that  Gross Income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	money collected from lawsued together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$
reclude income regardless of whether that incomendation income regardless of whether that incomendation incoments and other public benefit payments and lottery winnings. If you are filing ist each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of Income Describe below.	of other income are alinome; interest; dividends; e income that you receive to not include income that  Gross Income from each source (before deductions and exclusions)  \$ 0	money collected from lawsued together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)  \$ 0 \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$
Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	come is taxable. Examples nents; pensions; rental income graph and you have each source separately. Do Debtor 1  Sources of Income Describe below.	of other income are alinome; interest; dividends; e income that you receive to not include income that  Gross Income from each source (before deductions and exclusions)  \$ 0	money collected from lawsued together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below.	Gross income from each source (before deductions)  \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ 0 \$

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ebtor 1	Paola First Name	Middle Name	Vigo-ghersi Last Name		Case	number (if known)	
Part 3:	List Certair	າ Payment:	s You Made Bet	fore You Filed	for Bankruptcy		
6. Are eit	her Debtor 1's	or Debtor 2	's debts primarily	consumer debts	s?		
☐ No.	incurred by a	an individual	primarily for a pers	sonal, family, or ho	ousehold purpose."	e defined in 11 U.S.C. § 101(	(8) as
	During the 90	) days before	you filed for bank	ruptcy, did you pa	y any creditor a total of	\$6,425* or more?	
	☐ No. Go to	line 7.					
	total	amount you	paid that creditor.	Do not include pa	66,425* or more in one o yments for domestic su ents to an attorney for t	or more payments and the pport obligations, such as his bankruptcy case.	
	* Subject to a	djustment or	1 4/01/19 and ever	y 3 years after tha	it for cases filed on or a	fter the date of adjustment.	
<b>☑</b> Yes	s. Debtor 1 or I	Debtor 2 or l	ooth have primari	iv consumer deb	ts.		
					y any creditor a total of	\$600 or more?	
	No. Go to						
	cred	itor. Do not ir	nclude payments fo	or domestic suppo	600 or more and the toort obligations, such as or for this bankruptcy cas	tal amount you paid that child support and se.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
					\$	¢	
	Creditor's f	Vame			V	v	☐ Mortgage
							☐ Car
	Number	Street					Credit card
							Loan repayment
							Suppliers or vendors
	City	Sta	ate ZIP Code				Other
					\$	\$	☐ Mortgage
	Creditor's N	lame					Car
	Number	Street					Credit card
	Number	30660					Loan repayment
		<del></del>	****				Suppliers or vendors
	0.1						Other
	City	Sta	te ZIP Code				
		- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<ul> <li>- ** - ** - ** - ** - ** - ** - ** - *</li></ul>	TO THE PARTY OF TH	\$	\$	
	Creditor's N	ame			¥	_ V	Mortgage
							Car
	Number 5	Street					Credit card
							Loan repayment
							Suppliers or vendors
							Other

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Case number (if known)\_

ent, including one for ch as child support a 	ou are an officer, r a business you	director, pers	son in control, or	owner of 20% or r	more of their voting	ch you are a general partner; g securities; and any managing or domestic support obligations,
No						
Yes. List all paymer	nts to an insider.		ESPECIAL SECTIONS OF	George (Section 1997)	. 1. 2. 1. 2.10.11	COLOR STORMS AND THE
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				\$	\$	
Number Street						
-						
City	State	ZIP Code				
				\$	\$	
Insider's Name			-	<b>V</b>	Ψ	
Number Street		- Pidva				
City chin 1 year before yo	State ou filed for bank	ZIP Code ruptcy, did y	- - vou make any pa	yments or transf	er any property o	on account of a debt that benefited
	ou filed for bank	ruptcy, did y		yments or transf Total amount paid	er any property o	
hin 1 year before yo insider? ude payments on de No	ou filed for bank	ruptcy, did y	y an insider.  Dates of	Total amount	Amount you still	Reason for this payment
hin 1 year before yo insider? ude payments on de No Yes. List all paymen	ou filed for bank	ruptcy, did y	y an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
hin 1 year before yo insider? lude payments on de No Yes. List all paymen	ou filed for bank	ruptcy, did y	y an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
hin 1 year before your insider? Inside payments on de No Yes. List all payments on the Insider's Name	bu filed for bank	ruptcy, did y	y an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
hin 1 year before your insider? Inside payments on de No Yes. List all payments on the Insider's Name	bu filed for bank	ruptcy, did y	y an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment

Paola First Name

Debtor 1

Vigo-ghersi Last Name

Middle Name

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Case number (if known)\_

all such matters, including personal injury	cy, were you a party in any lawsuit, court action, or administrative cases, small claims actions, divorces, collection suits, paternity actions.	ve proceeding? ons, support or custody modifica
contract disputes.		•
No		
Yes. Fill in the details.	N. C. C.	
	Nature of the case Court or agency	Status of the case
Case title	Court Name	Pending
The state of the s		On appeal
	Number Street	☐ Concluded
Case number		
in the state of th	City State ZIP	Code
0 (4)		Pending
Case title	Court Name	On appeal
-	Number Street	Concluded
Case number		
	City State ZIP 0	Code
eck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		I, attached, selzed, or levied?
No. Go to line 11.	Describe the property Da	
No. Go to line 11.		
No. Go to line 11. Yes. Fill in the information below.  Creditor's Name	Describe the property Da	
No. Go to line 11. Yes. Fill in the information below.	Describe the property  Da  Explain what happened	
No. Go to line 11. Yes. Fill in the information below.  Creditor's Name	Describe the property  Da  Explain what happened  Property was repossessed.	
No. Go to line 11. Yes. Fill in the information below.  Creditor's Name	Describe the property  Da  Explain what happened  Property was repossessed.  Property was foreclosed.	
No. Go to line 11. Yes. Fill in the information below.  Creditor's Name	Explain what happened  Property was repossessed.  Property was foreclosed.  Property was garnished.	
No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street	Explain what happened  Property was repossessed.  Property was foreclosed.  Property was garnished.	te Value of the property
No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street	Describe the property  Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.	te Value of the property
No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street  City State ZIP Cod	Describe the property  Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.	te Value of the property
No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street	Describe the property  Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.	te. Value of the property
No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street  City State ZIP Cod	Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.  Describe the property  Dat	te Value of the property
No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street  City State ZIP Cod	Describe the property  Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.	te Value of the property
No. Go to line 11. Yes. Fill in the information below.  Creditor's Name  Number Street  City State ZIP Cod	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.  Describe the property  Explain what happened  Property was repossessed.	te. Value of the property
No. Go to line 11. Yes. Fill in the information below.  Creditor's Name  Number Street  City State ZIP Cod	Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.  Describe the property  Dat	te Value of the property

Paola

Debtor 1

Vigo-ghersi

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	Paola	Vigo-gl		Case number (if known)		
	First Name Mid	dle Name La	ist Name	, · · · · <u>-</u>		
/ithin	90 days before y	ou filed for bankr	uptcy, did any creditor, inclu	ding a bank or financial institut	ion, set off any aı	mounts from your
		ake a payment be	ecause you owed a debt?			
No						
Yes	s. Fill in the details.	•				
			Describe the action the cre	ditor took	Date action	Amount
	dia di Ni		_		was taken	
Cred	ditor's Name					
N Is dies			Manager (			\$
Num	nber Street					
_		V-14-7				
				**************************************	1	
City		State ZIP Code	Last 4 digits of account nu	mber: XXXX-		
			· ·			
ithin	1 year before you	filed for hankrun	stev was any of your proport	y in the possession of an assig	noo for the hones	i4 a4
edito	rs. a court-appoi	nted receiver, a cu	ustodian, or another official?	y in the possession of an assig	nee for the benef	it or
No		,	,			
l Yes						
	•					
5:	List Certain Gi	fts and Contrib	utions			
	fts with a total value r person	of more than \$600	Describe the gifts		Dates you gave the gifts	Value
		:	The second secon	o suntinan kasalan kalan kalan kalan kalan madali madan na arang sang sa na nagalah Salah Salah Salah Salah Sa		Petropality on virible
			_			\$
Perso	on to Whom You Gave th	ie Gift				
						Ψ
	786					\$
			_			\$
Numb	ber Street		<b>-</b>			\$
Numb	ber Street		_			\$
Numb	ber Street	State ZIP Code	_			\$
City						\$
City	ber Street son's relationship to yo		_			\$
City	son's relationship to yo	ou				\$
City Pers		ou	Describe the gifts		Dates you gave	\$Value
City Pers	son's relationship to yo	ou	Describe the gifts			
City Pers	son's relationship to yo s with a total value o person	ou f more than \$600	Describe the gifts		Dates you gave	
City Pers	son's relationship to yo	ou f more than \$600	Describe the gifts		Dates you gave	
City Pers	son's relationship to yo s with a total value o person	ou f more than \$600	Describe the gifts		Dates you gave	
City Pers	son's relationship to yo s with a total value o person	ou f more than \$600	Describe the gifts		Dates you gave	
City Pers	son's relationship to yo s with a total value o person	ou f more than \$600	Describe the gifts		Dates you gave	
City Perso	son's relationship to yo s with a total value o person	ou f more than \$600	Describe the gifts		Dates you gave	
City Perso	son's relationship to your swith a total value of person on to Whom You Gave the	ou f more than \$600	Describe the gifts		Dates you gave	
City Perso	son's relationship to your swith a total value of person on to Whom You Gave the	ou f more than \$600	Describe the gifts		Dates you gave	
City Perso Perso Numb	son's relationship to your swith a total value of person on to Whom You Gave the per Street	ou  f more than \$600  e Gift  State ZIP Code	Describe the gifts		Dates you gave	
City Perso Perso Numb	son's relationship to your swith a total value of person on to Whom You Gave the	ou  f more than \$600  e Gift  State ZIP Code	Describe the gifts		Dates you gave	

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Debtor 1

Vigo-ghersi Document

Priority Creditor's Name			MC-000009-12-02000000002-5-1-00000000000000000000	
	Last 4 digits of account number	\$	\$	_ \$
lumber Street	When was the debt incurred?			
numer 2fteet	As of the date you file the plainting Object 1999			
	As of the date you file, the claim is: Check all that apply.			
ity State ZIP Code	Contingent Unliquidated			
	Disputed			
Vho incurred the debt? Check one.	·			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
_	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
Let Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
□ No				
Yes				
A SOFT CONTRACTOR OF THE CONTR		d'	A	A.
riority Creditor's Name	Last 4 digits of account number	\$	\$	_ \$
	When was the debt incurred?			
umber Street				
	As of the date you file, the claim is: Check all that apply.		•	
	Contingent			
ty State ZIP Code	Unliquidated Disputed			
/ho incurred the debt? Check one.	<b>D</b> isputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated  Other. Specify			
the claim subject to offset?				
l No				
l Yes				
		_	_	WWW.
ority Creditor's Name	Last 4 digits of account number	\$	\$	_ \$
mber Street	When was the debt incurred?			
mber Street	A 400 A 100 A			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
y State ZIP Code	☐ Unliquidated ☐ Disputed			
ho incurred the debt? Check one.	— Бізрицей			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify	NON AND HOLDER WAS COMPANY OF THE		NY CONTRACTOR OF THE PARTY OF T
the claim subject to offset?				
No				

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btor 1	Paola First Name Middle	Vigo-ghersi e Name Last Name		Case number (if kno	own)	
.With	in 2 years before you	ı filed for bankruptcy,	y, did you give any gifts or c	contributions with a total	value of more than \$6	i00 to any charity?
Z	No	or each gift or contribu			·	,
	Gifts or contributions to that total more than \$60		Describe what you contributed		Date you contributed	Value
ō	harity's Name					\$
_						\$
N	umber Street					
_		1				
Ci	ity State ZIP	Code				
6:	List Certain Lo					
4		·				
ì	Describe the property you how the loss occurred	In	Describe any insurance coverage include the amount that insurance laims on line 33 of Schedule A/B:	has paid. List pending insuran	Date of your loss ce	Value of property lost
			a kan manana da katalan manana da kata			\$
Ĺ						
7:	List Certain Pay	ments or Transfers	[S	00000000000000000000000000000000000000	and and the second of the seco	economica (na Cr. ) - metro control del compresso (na cr. ) - la provincia del provincia del compresso (na crescia del com
ou c nclud No	onsulted about seeki le any attorneys, banki o	ing bankruptcy or pre	did you or anyone else actir reparing a bankruptcy petitioners, or credit counseling agen	on?		to anyone
<b>∐</b> Ye	es. Fill in the details.	, De	escription and value of any pro			
P	erson Who Was Paid		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	perty dansierred	Date payment or transfer was made	Amount of payment
N	lumber Street					\$
-						\$
Č	ity St	ate ZIP Code				
Ē	mail or website address					
Pe	erson Who Made the Paymen	nt, if Not You				

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	Paola	Vigo-ghersi	Case number (if known)	
	First Name Middle Name	Last Nam		
Nece				ount of
	Person Who Was Paid		transfer was made pay	ment
	Feison will was Faid			
	Number Street			
			<b>\$</b>	
	City State Z	ZIP Code		
	Email or website address			
	Person Who Made the Payment, if Not Y	You		
ďγ	es. Fill in the details.	C	Description and value of any property transferred Date payment of Amou	int of payme
	os. Caratio details.	\$	Description and value of any property transferred.	
		<u> </u>	transfer was 🦻 made	
	Person Who Was Paid		Service Control of the Control of th	
	Number Street		\$	
			S	
	City State Z	iP Code	\$	
Withi	in 2 years before you filed for	r bankruptcy,	y, did you sell, trade, or otherwise transfer any property to anyone, other than pro	perty
Withi trans	in 2 years before you filed for ferred in the ordinary course	r bankruptcy, of your bus	y, did you sell, trade, or otherwise transfer any property to anyone, other than pro siness or financial affairs?	
Withi trans Includ Do no	in 2 years before you filed for ferred in the ordinary course de both outright transfers and to to include gifts and transfers that	r bankruptcy, e of your bus ransfers made	y, did you sell, trade, or otherwise transfer any property to anyone, other than pro siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your property), already listed on this statement.	
Withi trans Include Do no	in 2 years before you filed for iferred in the ordinary course de both outright transfers and to ot include gifts and transfers that o	r bankruptcy, e of your bus ransfers made	siness or financial affairs? de as security (such as the granting of a security interest or mortgage on your property)	
Withitrans	in 2 years before you filed for ferred in the ordinary course de both outright transfers and to to include gifts and transfers that	r bankruptcy, e of your bus ransfers made at you have al	siness or financial affairs?  de as security (such as the granting of a security interest or mortgage on your property).  already listed on this statement.	
Withitrans	in 2 years before you filed for iferred in the ordinary course de both outright transfers and to ot include gifts and transfers that o	r bankruptcy, e of your bus ransfers made at you have al	siness or financial affairs?  de as security (such as the granting of a security interest or mortgage on your property).  already listed on this statement.  Description and value of property  Describe any property or payments received  Describe any property or payments received	
Withitrans Include Do no 図 No	in 2 years before you filed for iferred in the ordinary course de both outright transfers and to ot include gifts and transfers that o	r bankruptcy, e of your bus ransfers made at you have al	siness or financial affairs?  de as security (such as the granting of a security interest or mortgage on your property).  already listed on this statement.  Description and value of property  Describe any property or payments received  Describe any property or payments received	ate transfer
Withitrans Include Do no N Y F	in 2 years before you filed for ferred in the ordinary course de both outright transfers and to of include gifts and transfers that o es. Fill in the details.	r bankruptcy, e of your bus ransfers made at you have al	siness or financial affairs?  de as security (such as the granting of a security interest or mortgage on your property).  already listed on this statement.  Description and value of property  Describe any property or payments received  Describe any property or payments received	ate transfer
Withitrans notuce to no	in 2 years before you filed for iferred in the ordinary course de both outright transfers and to ot include gifts and transfers the o es. Fill in the details.	r bankruptcy, e of your bus ransfers made at you have al	siness or financial affairs?  de as security (such as the granting of a security interest or mortgage on your property).  already listed on this statement.  Description and value of property  Describe any property or payments received  Describe any property or payments received	ate transfer
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Debtor 1	Paola First Name	Middle Name	Vigo-ghers Last Nam		Case number (if kno	own)	
ı							
19. <b>Wit</b>	hin 10 years bet	fore you filed	for bankrupto	cy, did you transfer any prop	erty to a self-settled trus	st or similar device of	which you
are	a beneficiary?	(These are of	ten called asse	t-protection devices.)	•		you
	No Yes. Fill in the d	etails					
_	103, 1 m at ate d	cians.	33			in the looking to the looking of the	Turken to the transfer of
				Description and value of the prop	erty transferred		Date transfer was made
			palasia			and the second s	was mage
	Name of trust						
Part 8	Liet Cartair	n Financial	Accounte I	nstruments, Safe Deposi			
zo. with	sed, sold, move	e you filed to d, or transfer	r pankruptcy, red?	were any financial accounts	or instruments held in y	your name, or for your	benefit,
Incl	ude checking, s	avings, mon	ey market, or	other financial accounts; cer	tificates of deposit; sha	res in banks, credit ur	nions,
Dro.		pension fund	ls, cooperativ	es, associations, and other fi	nancial institutions.		
	Yes. Fill in the d	letails.					
-				Last 4 digits of account number	Type of account or	Date account was	Last balance before
					instrument	closed, sold, moved, or transferred	closing or transfer
	Name of Financial I	nstitution		XXXX-	☐ Checking		
	Number Street		·		Savings		\$
					Money market		
			-		☐ Brokerage		
9.0	City	State	ZIP Code	entropies e (decarationale entre à de l'accommentation de l'accomment de l'accomm	Other	TOTOTOTOTO - 17	
	N			xxx	☐ Checking		\$
	Name of Financial Ir	istitution			☐ Savings		<b>-</b>
	Number Street	·	<del></del>		☐ Money market		
					☐ Brokerage		
	City	State Z	IP Code		☐ Other		
21 Do v	-			al e en an a			
secu	rities, cash, or	other valuabl	e within 1 yea es?	r before you filed for bankru	otcy, any safe deposit b	ox or other depository	/ for
١٤	es. Fill in the de	etails.	4	W- 1 W- 4			munes many sales
				Vho else had access to it?	Describe the	contents	Do you still have it?
							□ No
	Name of Financial In	stitution	Na	me			☐ Yes
	Number Street			mber Street			
	· · · · · · · · · · · · · · · · · · ·			MINET SHEEL			
			Cit	y State ZIP Code			
	City	State Z	IP Code				

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Debtor 1		Vigo-gher		Case number (if known)		
22. Hav	ve you stored propert No	y in a storage unit or	place other than your home w	rithin 1 year before you filed for bank	ruptcy?	
	Yes. Fill in the detail	s.	Who else has or had access to it?	Describe the contents		Do you still have it?
	Name of Storage Facility	,	Name			□ No □ Yes
	Number Street		Number Street			
			City State ZIP Code			
ADDRAG THE FARMENCE	City	State ZIP Code		, «, ».«««««««««««««««««««««««««««««««««	- 10 cm Section Commission Commis	and the second s
or		any property that someone.	Control for Someone Else	property you borrowed from, are sto	ring for,	
l.	res. I m in the detail		Where is the property?	Describe the property	Vali	u <b>e</b>
	Owner's Name				\$	
	Number Street	No	umber Street			
			ty State Z	IP Code	derman Vin Ben	
Part 1	City  Give Details	State ZIP Code  About Environme	ntal Information		1	
■ Enter haz inc sutil	vironmental law mear zardous or toxic subs luding statutes or reg e means any location ize it or used to own, zardous material mea ostance, hazardous m	stances, wastes, or m gulations controlling t , facility, or property t operate, or utilize it, ans anything an environaterial, pollutant, con	or local statute or regulation of aterial into the air, land, soil, so the cleanup of these substance as defined under any environmincluding disposal sites.  Donmental law defines as a haz antaminant, or similar term.	nental law, whether you now own, op ardous waste, hazardous substance,	medium, perate, or	
			at you know about, regardless	•		
Ø			ou may be hable or potentially	liable under or in violation of an env	ironmental law?	
_			overnmental unit	Environmental law, if you know it	Date	of notice
	Name of site	Go	overnmental unit	•		
	Number Street	Nu	imber Street		man Mar La Calleria	
		Cit	State ZIP Code	•		
	City	State 7ID Code				

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Name of site    Number   Street   Number   Street	1	Paola First Name Midd	Vigo-ghersi ddle Name Last Name	Case number (if known)
Number Street    Number Street				
Yes, Fill in the details.   Governmental unit			overnmental unit of any release of h	nazardous material?
Name of site   Governmental unit   Environmental law, if you know it   Date of metic				
Name of site    Number Street   Number Street   Number Street	J Ye	s. Fill in the detail		
Number Street   Number Street   City   State   ZIP Code			Governmental uni	nit Environmental law, if you know it Date of notice
Number Street   Number Street   Number Street				
City State ZIP Code  Total Describe the nature of the business  City State ZIP Code  City State ZIP Code  City State ZIP Code  Court or agency Nature of the case Status of the case  Case title Court Name Pending  Nature of the case Status of the case  Case title Court Name Pending  Number Street Conclude  Case number City State ZIP Code  Case number City State ZiP Code Countant or bookkeeper City State ZiP Code  Case number City State City Code City City State ZiP Code  Case number City State City City State ZiP Code  City State ZiP Code	Ĭ	lame of site	Governmental unit	
City State ZIP Code  Court or agency Nature of the Case Status of the Case Status of the Case Court Name  Court Name   Pending On appe   Conclud Case number   City State ZIP Code    Case number   City State ZIP Code   Conclud Case number   City State ZIP Code    Case number   City State ZIP Code   Conclud Case number   City State ZIP Code    Case number   City State ZIP Code   Conclud Case number   City State ZIP Code    Case number   City State ZIP Code   Conclud Case number   City State ZiP Code   City	ī	lumber Street	Number Street	
ve you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  No  Yes. Fill in the details.  Court or agency  Nature of the Case  Case title  Court Name    Pending   On appe				
No   Yes. Fill In the details.   Court or agency   Nature of the case   Status of the case   Case title   Court Name   Pending   On appe   On on a	-		City	State ZIP Code
No Yes. Fill in the details.  Court or agency	ī	Zifv	State 7IP Code	
Court or agency	***************************************			PRODUCTION OF THE PROPERTY OF
Yes. Fill in the details.    Court or agency	ve y	/ou been a party in	ı any judicial or administrative proce	eeding under any environmental law? Include settlements and orders.
Case title	-			
Case title	Ye	s. Fill in the details	S. (1987)	
Case number  Case number  City State ZIP Code  Case number  City State ZIP Code  Conclud  Case number  City State ZIP Code  Conclud  Conclud  Case number  City State ZIP Code  Conclud  Conclud  Case number  City State ZIP Code  Conclud			Court or agency	/ Nature of the case Status of the case
Case number  City State ZIP Code  City State ZIP Code  City State ZIP Code  City State ZIP Code  Conclud  Concl	Ca	ise title		
Number Street   City   State ZIP Code			Court Name	Pending
Case number  City State ZIP Code    City State ZIP Code	_			On appea
thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:  City State ZIP Code  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  Employer Identification number  Do not include Social Security number or ITIN.  Employer Identification number  Do not include Social Security number or ITIN.  EIN:  Do not include Social Security number or ITIN.  EIN:  Number Street  Name of accountant or bookkeeper  Dates business existed  From To  From To  From To			Number Street	Conclude
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thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  No. None of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Business Name  Number Street  Name of accountant or bookkeeper  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:  Do not include Social Security number or ITIN.  Business Name  Number Street  Name of accountant or bookkeeper  Dates business existed  From  Do not include Social Security number or ITIN.  EIN:  Number Street  Name of accountant or bookkeeper  Dates business existed  From  To			City	State ZIP Code
ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?    A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Describe the nature of the business   Employer Identification number     Do not include Social Security number or ITIN.     EIN:     City   State   ZIP Code   Dates business   Employer Identification number     Do not include Social Security number or ITIN.     Business Name   Do not include Social Security number or ITIN.     Business Name   Do not include Social Security number or ITIN.     EIN:     Number   Street   Name of accountant or bookkeeper   Dates business existed     From   To     From   To	77	<b>A</b>		
Number Street    Name of accountant or bookkeeper   Dates business existed	No Ye	A member of a lin A partner in a par An officer, directo An owner of at lea None of the above S. Check all that ap	mited liability company (LLC) or limit rtnership or, or managing executive of a corpo ast 5% of the voting or equity securi ve applies. Go to Part 12. pply above and fill in the details belo	ited liability partnership (LLP)  oration  ities of a corporation  ow for each business.  ture of the business.
Name of accountant or bookkeeper    Dates business existed	-			EIN:
Describe the nature of the business	N	umber Street	Name of account	tant or bookkeeper Dates business existed
Describe the nature of the business	_			And the state of t
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Business Name  Do not include Social Security number or ITIN.  EIN:  Name of accountant or bookkeeper Dates business existed  From To				ure of the business 20 Employer Identification number
Number Street  Name of accountant or bookkeeper  Dates business existed  From To	Ē	usiness Name		Do not include Social Security number or ITIN.
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Debtor 1	_Paola		Vigo-gh	ersi	_ Case number	ar (if knows)	
	First Name	Middle Name	Last	Name	_ Gase number	(i knowii)	
,	***************************************		ide la constitution de la constitu		State and the state of the stat		
				Describe the nature of	the business	Employer Identification r	- 10 (Miles 20) - 1
	Business Name					Do not include Social Se	curity number or ITIN.
						EIN: -	
	Number Street						
				Name of accountant o	r bookkeeper	Dates business existed	
	City					From To	
	City	State	ZIP Code				
				Lever residence to the control of th		l	
inst 2	itutions, creditors No	s, or other	parties.	tcy, did you give a fina	ncial statement to anyone a	bout your business? Inc	lude all financial
<b>'</b> '	Yes. Fill in the det	tails belov	v.	1984 - 179039 km - 14			
				Date Issued			
	Name						
	Name			MM / DD / YYYY			
	Number Street						
	City	State	ZIP Code				
Part 12	Sign Below						
i cii ( ; z	11 Olgii Delow	<u> </u>					
ans in c	swers are true and	d correct. bankrupt	I understand cy case can	d that making a false s	nd any attachments, and I de tatement, concealing proper 250,000, or imprisonment for	rty, or obtaining money o	erjury that the or property by fraud
×	1+		<u></u>	×			
	Signature of Debtor		<u>)</u>		ture of Debtor 2		
		. 0		O.g.i.u	ture of Debtor 2		
	Date Z 28	13		Date _			
Did	you attach additi	ional page	s to Your S	tatement of Financial A	Affairs for Individuals Filing	for Bankruptcy (Official I	Form 107)?
Ø	No				_		,
Augustina	Yes						
_							- \$429
Dis	VOIL DAY OF SORES	to payer	maanab -	ie not an attance. 4- 5	elp you fill out bankruptcy f	(a	
		to pay 50	meone wild	is not an attorney to n	eip you iiii out bankruptcy f	Orms /	
		son D	VISS	te Deig	Attar	ch the <i>Bankruptcy Petition</i>	Prenarer's Notice
$\nu^-$				1	Deci	laration, and Signature (Of	ficial Form 119).

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Fill in this in	formation to identify	your case:	
Debtor 1	Paola		Vigo-ghersi
•	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	District o	f_UTAH
Case number	(If known)		

BANKED	IN THE STATES
2017 MAR -2	PM In
by MALE	Crieck if this is an amended filing

12/15

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

P	art 1: Summarize Your Assets	
1	Schodula A/P: Proporty (Official Form 10CA/P)	Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	<b>\$ 0</b>
	12. Copy into Co, Total real estate, north Conedule PAD	
	1b. Copy line 62, Total personal property, from Schedule A/B	\$ 1150
	1c. Copy line 63, Total of all property on Schedule A/B	\$ 1150
		\$_1130
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	•
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>0</u>
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>8000</u>
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	····· + \$_29390
	Your total liabiliti	s <u>37390</u>
Pa	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I)	The state of the s
	Copy your combined monthly income from line 12 of Schedule I	\$ <u>1353</u>
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J	\$ <u>2015</u>
•		

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De	btor 1	Paola First Name	Middle Name	Vigo-ghersi  Last Name		C	ase number (if known)	
Pa	art 4:	Answer The	ese Questi	ons for Adminis	strative and Statistical Re	cords	3	
6.	Are you	u filing for ba	nkruptcy un	der Chapters 7, 1	1, or 13?			
	No.		ning to report	on this part of the	form. Check this box and subm	nit this f	orm to the court with your ot	her schedules.
7.	What ki	ind of debt do	you have?		a timente de la companya de la comp	*************	<del>ka 1652 - 140,7 100,000,000,000,000,000,000,000,000,000</del>	and the second s
	You fam	ı <b>r debts are p</b> i ily, or househo	rimarily con: ild purpose."	sumer debts. Con 11 U.S.C. § 101(8)	sumer debts are those "incurred b. Fill out lines 8-9g for statistica	d by ar	n individual primarily for a per oses. 28 U.S.C. § 159.	sonal,
	You this	ir debts are no form to the co	ot primarily urt with your	consumer debts. other schedules.	You have nothing to report on t	his par	t of the form. Check this box	and submit
8.	From th	ne Statement	of Your Curi	ent Monthly Incol	me: Copy your total current mor	nthly in	come from Official	and a security of the latest experience of the
	Form 12	22A-1 Line 11;	OR, Form 12	22B Line 11; <b>OR</b> , F	orm 122C-1 Line 14.			\$ 2990
***************************************	Carrier Conductor & Constitution of	W W 2 Martin Control of the Control	00000000000000000000000000000000000000			CONTRACTOR OF THE CONTRACTOR O		
•	0	- 6.11						
9.	Copy tn	e following sp	oecial catego	ories of claims fro	om Part 4, line 6 of Schedule E	E/ <b>F</b> :	Savin particular, pro-	
							Total claim	
	From	Part 4 on Sch	edule E/F, co	opy the following:				
	9a. Dom	nestic support o	obligations (C	opy line 6a.)			\$ <u>0</u>	_
	9b. Taxe	es and certain	other debts y	ou owe the govern	ment. (Copy line 6b.)		ş <u>8000</u>	-
	9c. Clain	ns for death or	personal inju	ıry while you were	intoxicated. (Copy line 6c.)		s <u> </u>	-
	9d. Stud	ent loans. (Co <sub>l</sub>	py line 6f.)				\$0	
	9e. Oblig priori	gations arising ity claims. (Cop	out of a sepa	ration agreement o	or divorce that you did not repor	rt as	\$0	
	9f. Debt	s to pension o	r profit-sharin	g plans, and other	similar debts. (Copy line 6h.)		+ \$0	_
!	9g. <b>Tota</b> l	I. Add lines 9a	through 9f,				\$8000	

#### UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)
Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy">http://www.uscourts.gov/bkforms/bankruptcy</a> forms.html#procedure.

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B 201B (Form 201B) (12/09)

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### UNITED STATES BANKRUPTCY COURT

ONITED STATES E	ANKRUFICI COURT	
Dis	trict Of UTAH	
n re Vigo-ghersi, Paola	Case No.	
Debtor	Chapter 7	
	CE TO CONSUMER DEBTOR( HE BANKRUPTCY CODE	(S)
Certification of [Non-Attorned] I, the [non-attorney] bankruptcy petition preparer signing attached notice, as required by § 342(b) of the Bankruptcy Code.	ey] Bankruptcy Petition Preparer the debtor's petition, hereby certify that I de	livered to the debtor the
Pailson Deine	647-48-	9643
Printed name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the preparer is not an individual, number of the officer, princip partner of the bankruptcy petiby 11 U.S.C. § 110.)	e bankruptcy petition state the Social Security al, responsible person, or
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.		
I (We), the debtor(s), affirm that I (we) have received and	n of the Debtor read the attached notice, as required by § 34	12(b) of the Bankruptcy
Printed Name(s) of Debtor(s)	x Production	E1-85-5
Printed Name(s) of Debtor(s)	Signature of Debror	Date
Case No. (if known)	XSignature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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	County	<ul> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Other information you wish to add about this ite</li> </ul>	Check if this is co (see instructions)	mmunity property
	County		Check if this is co	mmunity property
		I I Dobton 2 only		
		Debtor 1 only		
		Who has an interest in the property? Check one.	oouos, or a m	o ostatoj, ii kilowii.
	City State ZIP Co	de U Other	interest (such as fee the entireties, or a life	simple, tenancy by
		Investment property  Timeshare	Describe the nature of	of your ownership
		— 🔲 Land	\$	\$
		<ul><li>Condominium or cooperative</li><li>Manufactured or mobile home</li></ul>	Current value of the entire property?	Current value of the portion you own?
1.2.	Street address, if available, or other description	Duplex or multi-unit building     Condominium or cooperative	Creditors Who Have Clair	nan fari kalamadang mengangan sebagai ang mengangan pelabahan ang mengangan sebagai sebagai sebagai sebagai se
4.0		☐ Single-family home	Do not deduct secured clithe amount of any secure	d claims on <i>Schedule D</i>
If you	own or have more than one, list here:	What is the property? Check all that apply.		
		property identification number:	tem, such as local	
		At least one of the debtors and another  Other information you wish to add about this i	,	
	•	Debtor 1 and Debtor 2 only	Check if this is co	ommunity property
	County	Debtor 1 only Debtor 2 only	_	
	•	Who has an interest in the property? Check one Debtor 1 only		
		<b>U</b> Other	the entireties, or a lif	
	City State ZIP C		Describe the nature interest (such as fee	
	\$ \$	☐ Investment property	Φ	Φ
	10/5		entire property?	portion you own?
		Condominium or cooperative	Current value of the	
1.1.	Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clai	
		☐ Single-family home	Do not deduct secured of the amount of any secure	ed claims on <i>Schedule D</i>
Ye LL	es, where is the property?	What is the property? Check all that apply.		an change of the state of the s
-	o. Go to Part 2. es. Where is the property?			
pressure.		erest in any residence, building, land, or similar prop	perty?	
Part 1:		ng, Land, or Other Real Estate You Own or Ha		
	, ,	• •		
respons write yo	sible for supplying correct information. our name and case number (if known). <i>I</i>	If more space is needed, attach a separate sheet to the sum of the space is needed, attach a separate sheet to the space is needed.	his form. On the top of	any additional page
categor	y where you think it fits best.  Be as co	nplete and accurate as possible. If two married peop	le are filing together, be	oth are equally
	<u> </u>	tems. List an asset only once. If an asset fits in more	then one sets " "	
Sch	edule A/B: Prope	rtv		12/15
Offic	ial Form 106A/B			
		1		amended filing
Case num	nber		[	☐ Check if this is a
United Sta	ates Bankruptcy Court for the:	strict of UTAH		
	filing) First Name Middle Name	Last Name		
Debtor 2	First Name Middle Namo	Last Name		
	Paola	Vigo-ghersi		
Debtor 1				
	is information to identify your case and	this filing:		

Debtor 1	Case 17-21514 Doc 9 Paola Vigo-g First Name Middle Name	Document Page 20 of 61		: Main
1.3.	Street address, if available, or other descript	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available, or other descript	Condominium or cooperative	Current value of the	
		Manufactured or mobile home	entire property? ∉	portion you own?
		☐ Land☐ Investment property	Φ	Φ
	City State ZIP	Code Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
	County	Debtor 1 only		
	County	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	minumey property
		Other information you wish to add about this ite property identification number:	em, such as local	
ou own	that someone else drives. If you lease a vans, trucks, tractors, sport utility ve	interest in any vehicles, whether they are registered or vehicle, also report it on Schedule G: Executory Contracts hicles, motorcycles		· · · · · · · · · · · · · · · · · · ·
	53		· 養養主義、不可能能能力。 - 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3.1.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured	
	Model:	☐ Debtor 1 only ☐ Debtor 2 only	Creditors Who Have Clain	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	entire property:	portion you own?
	Other information:	Check if this is community property (see	\$	\$
		instructions)		
If you	own or have more than one, describe he	ere:		
3.2.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions, Put
	Model:	Debtor 1 only	the amount of any secured Creditors Who Have Claim	
	Year:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:		¢	¢
		Check if this is sommunity property (see	\$	\$

instructions)

Case 17-21514 Entered 03/02/17 15:53:55 Doc 9 Filed 03/02/17 Desc Main Document Page 21 of 61 Vigo-ghersi Debtor 1 Case number (if known) Middle Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.3. the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 1 only Model: Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3,4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 1 only Model: Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No No Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the 
Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 42 Make: Debtor 1 only the amount of any secured claims on Schedule D:

	Model:	Debtor 2 only	Creditors Who Have Clair	ns Secured by Property.
	Year: Other information:	Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$	\$
				de de Provincia
		or all of your entries from Part 2, including any entrie		\$_0
and deposit of the special deposits of the special dep				LANGER, 17 of BANK

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Vigo-ghersi

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Debtor 1

First Name

Case number (if known)

Part 3: Describe Your Personal and Household Items	
Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6. Household goods and furnishings	0. 11 MAXMETERS. 0. 1. 7 C. 100
Examples: Major appliances, furniture, linens, china, kitchenware	
Yes. Describe Household Items - Principal Residence	\$ 500
<ol> <li>Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games         No     </li> </ol>	_
Yes. Describe	\$
8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	1
Yes, Describe	\$
<ul> <li>9. Equipment for sports and hobbies</li> <li>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</li> <li>No</li> </ul>	
Yes, Describe	\$
10. <b>Firearms</b> Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No	2
Yes. Describe	\$
11. Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No	
Yes. Describe Personal Clothing - Principal Residence	\$ <u>650</u>
12. <b>Jewelry</b> Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
No Yes. Describe	\$
13. Non-farm animals  Examples: Dogs, cats, birds, horses	1
Yes. Describe	\$
14. Any other personal and household items you did not already list, including any health aids you did not list	
Yes. Give specific information	\$
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	s 1150
for Part 3. Write that number here	*

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Debtor 1

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First Name

Middle Name

Case number (if known)\_

Part 4: **Describe Your Financial Assets** Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **2** No Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Yes ..... Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **1** No Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

**Ø** No

Yes. Give specific information about them..... Name of entity:

% of ownership:

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Debtor 1

Paola First Name

Vigo-ghersi Last Name

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Case number (if known)

No Yes. Give specific information about	Issuer name:	
them		\$
		\$
		\$
etirement or pension	accounts	
	RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
No		
Yes. List each account separately.	Type of account: Institution name:	
. ,	401(k) or similar plan:	\$
		\$
	Pension plan:	
	IRA:	\$
	Retirement account:	\$
	Keogh:	\$
	Additional account:	\$
	Additional decodaria.	Φ
our share of all unused	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company	\$
our share of all unused xamples: Agreements v	Additional account:  prepayments	
our share of all unused kamples: Agreements v impanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company	
our share of all unused kamples: Agreements v impanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
our share of all unused camples: Agreements v impanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas:	
our share of all unused (amples: Agreements v mpanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas:  Heating oil:	\$\$
our share of all unused (amples: Agreements v mpanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil:  Security deposit on rental unit:	\$\$
our share of all unused (amples: Agreements v mpanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil:  Security deposit on rental unit:  Prepaid rent:	\$\$
our share of all unused (amples: Agreements v mpanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil:  Security deposit on rental unit:  Prepaid rent:  Telephone:	\$\$
our share of all unused kamples: Agreements v impanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil:  Security deposit on rental unit:  Prepaid rent: Telephone: Water:	\$\$
our share of all unused kamples: Agreements v impanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture:	\$\$
our share of all unused xamples: Agreements v impanies, or others	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil:  Security deposit on rental unit:  Prepaid rent: Telephone: Water:	\$\$
our share of all unused xamples: Agreements wompanies, or others  No Yes	Additional account:  prepayments Ideposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil: Security deposit on rental unit:  Prepaid rent: Telephone: Water: Rented furniture: Other:	\$\$
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our share of all unused xamples: Agreements wompanies, or others  No Yes	Additional account:  prepayments I deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil: Security deposit on rental unit:  Prepaid rent: Telephone: Water: Rented furniture: Other:  a periodic payment of money to you, either for life or for a number of years)	\$\$
Examples: Agreements vecompanies, or others  No Yes	Additional account:  prepayments Ideposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual:  Electric:  Gas: Heating oil: Security deposit on rental unit:  Prepaid rent: Telephone: Water: Rented furniture: Other:	\$\$

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Vigo-ghersi

Last Name Page 25 of 61 Paola Debtor 1 Case number (if known)

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24. Interests in an education IRA, in an account in a qualified ABLE program	1, or under a qualified state tuition program	. * 500000 0000
20 0.3.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	, and the program.	
No No		
Yes		
institution name and description. Separately f	ile the records of any interests.11 U.S.C. § 521(c):	
	•	
		_
	\$	_
	\$	
		_
25. Trusts, equitable or future interests in property (other than anything liste	ed in line 1), and rights or powers	
exercisable for your benefit	and the state of position	
☑ No		
Yes. Give specific	The first control of the second of the secon	
information about them	\$	
begin made in the state of the		
26. Patents, copyrights, trademarks, trade secrets, and other intellectual pro-	nerty	
Examples: Internet domain names, websites, proceeds from royalties and lice	nsing agreements	
No	ionig agrocinomo	
Paragraphic Control of the Control o	WHEN THE RESIDENCE AND ADDRESS OF THE PROPERTY	
Yes. Give specific information about them		
mornation about them	\$	_
	The second secon	
27. Licenses, franchises, and other general intangibles		
Examples: Building permits, exclusive licenses, cooperative association holding	gs, liquor licenses, professional licenses	
<b>☑</b> No		
Yes. Give specific	ANGENERAL STATE OF THE PROPERTY OF THE PROPERT	
information about them	\$	
100, production 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AND SHARE THE RESIDENCE OF THE PROPERTY OF THE	_
Money or property owed to you?	Current value of the	P .
	portion you own?	
	Do not deduct secured	
(1985년 - 1985년 1일 - 1987년 - 1985년 - 1 	claims or exemptions.	
28. Tax refunds owed to you		
<b>☑</b> No		
D V 0		
res. Give specific information	And the second s	
Yes. Give specific information about them, including whether	Federal: \$	
about them, including whether you already filed the returns	Federal: \$	
about them, including whether		
about them, including whether you already filed the returns	State: \$	
about them, including whether you already filed the returns and the tax years	State: \$	
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31. Interests in insurance policies  Examples: Health, disability, or life insuran  No	ce; health savings account (HSA); credit, homeov	wner's, or renter's insurance	
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
	****		\$
			\$
			\$
	from someone who has died xpect proceeds from a life insurance policy, or are	e currently entitled to receive	
property because someone has died.			
No Yes. Give specific information			· · · · · · · · · · · · · · · · · · ·
163. Give specific information			\$
Examples: Accidents, employment dispute			
Yes. Describe each claim			\$
34. Other contingent and unliquidated claim to set off claims  No	ns of every nature, including counterclaims of	the debtor and rights	
Yes, Describe each claim			•
,		akkolonis artis sistissismi saaksaannaaaan (ahkasanna lakkasanna) maris oo noon oo o	\$
35. Any financial assets you did not already  No  Yes. Give specific information	/ list		\$
	s from Part 4, including any entries for pages		\$
Part 5: Describe Any Business-	Related Property You Own or Have a	an Interest In. List any r	eal estate in Part 1.
27 De vou ever en bevo envilogel er equitab	ale interest in any business related preparty?		La constant de la con
No. Go to Part 6.	ple interest in any business-related property?		L, v
Yes, Go to line 38.			top and
Name of the Control o			Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions yo	ou already earned		
No			1
Yes. Describe			\$
39. Office equipment, furnishings, and supp	Pallo		1
• • • • • • • • • • • • • • • • • • • •	e, modems, printers, copiers, fax machines, rugs, telepho	ones, desks, chairs, electronic devices	
<b>☑</b> No			7
Yes. Describe			\$
Land Andrews Control of the Control			A second

Case 17-21514 Doc 9 Filed 03/02/17 Entered 03/02/17 15:53:55 Desc Main Page 27 of 61 Document Vigo-ghersi Paola Debtor 1 Case number (if known) Middle Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No No Yes. Describe... 41. Inventory Ø No Yes. Describe. 42. Interests in partnerships or joint ventures Yes, Describe ...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations **Ø** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list Ø No Yes. Give specific information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ...... Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. Yes. Go to line 47.

46. Do you	own or have any legal or equitable interest in any farm- or commercial fishing-related pro	perty?
Ø No	Go to Part 7.	•
	0.4 %	

Current value of the portion you own? Do not deduct secured claims

or exemptions.

47.	rarm	anır	nais

		, poultry, farm-raised fish	
Ø	No		
	Yes		***************************************

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48. Crops—either growing or harvested	
No Separation Separation No	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
Yes	\$
50. Farm and fishing supplies, chemicals, and feed  No	
Yes	\$
51. Any farm- and commercial fishing-related property you did not already list  No	
Yes. Give specific information	\$
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	terretarion and the second
53. Do you have other property of any kind you did not already list?	
Examples: Season tickets, country club membership	
Yes. Give specific information	\$
	\$
54. Add the dollar value of all of your entries from Part 7. Write that number here	\$_0
Part 8: List the Totals of Each Part of this Form	
55. Part 1: Total real estate, line 2	\$
56. Part 2: Total vehicles, line 5	Protection of the control of the con
57. Part 3: Total personal and household items, line 15	
58. Part 4: Total financial assets, line 36	
59. Part 5: Total business-related property, line 45	1 to 10 to 1
60. Part 6: Total farm- and fishing-related property, line 52	Tage to the second seco
61. Part 7: Total other property not listed, line 54 + \$\frac{0}{2}	
62. <b>Total personal property.</b> Add lines 56 through 61	+\$_1150
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$_1150

Debtor 1

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Fill in this infor	mation to identify yo	our case:			
	ola st Name	Middle Name	Vigo-ghersi  Last Name		
Debtor 2		IMOGIO INZITIO	Lastiname		
(Spouse, if filing) Fir	st Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	District	of UTAH		
Case number					☐ Check if this is an
					amended filing
06.11	4000				
Official Fo	rm 106C				
Schedu	le C: The	Proper	ty You	Claim as Exemp	<b>t</b> 04/16
				ether, both are equally responsible for	
space is needed,	fill out and attach to th	is page as many o		/B) as your source, list the property tha Iditional Page as necessary. On the top	
•	se number (if known).				
For each item of specific dollar ar	property you claim a	is exempt, you m	ust specify the ar	nount of the exemption you claim. O fair market value of the property beir	ne way of doing so is to state a
of any applicable	statutory limit. Som	e exemptions—s	such as those for	health aids, rights to receive certain	benefits, and tax-exempt
retirement funds	—may be unlimited i	n dollar amount.	However, if you o	laim an exemption of 100% of fair m	arket value under a law that
	tion to a particular di to the applicable sta		the value of the p	property is determined to exceed tha	t amount, your exemption
Part 1: Ider	tify the Property	You Claim as E	xempt		
4 380-1-1-1					
				your spouse is filing with you.	
	claiming state and fede claiming federal exemp			J.S.C. § 522(b)(3)	
			3(-/(-/		
2. For any prop	erty you list on Sche	edule A/B that yo	u claim as exemp	t, fill in the information below.	
		- 5.7 (2005) (2016)	inger in designation of the second of the se	Maria Maria de Como de Composición de Maria de Carlos de	. 24 (31 22 22 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	otion of the property a B that lists this prope		ent value of the on you own	Amount of the exemption you claim	Specific laws that allow exemption
			the value from	Check only one box for each exemption.	A Committee of the Comm
V-165,000	Personal Clothing		dule A/R		
Brief	Personal Clothing			<b>□</b> \$	78-23-5(1)(a)(vii);
description:		\$ <u>_65</u>	OV	✓ \$ ✓ 100% of fair market value, up to	
Line from Schedule A/L	3:			any applicable statutory limit	
	Household Items				
Brief description:	-···	\$ <u>.50</u>	0	<b>-</b> \$	78-23-8(1)(a)(ix);78-23-8(1)(b);
Line from Schedule A/L	B:			100% of fair market value, up to any applicable statutory limit	
Brief		¢		<b>□</b> \$	
description: Line from		Ψ		100% of fair market value, up to	
Schedule A/E	B:			any applicable statutory limit	
3. Are you clair	ning a homestead ex		than \$160.375?		
•	-	•		filed on or after the date of adjustment	)
No No					
_	ou acquire the proper	ty covered by the	exemption within 1	,215 days before you filed this case?	
☐ No					
☐ Yes					

Document

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Debtor 1

Paola First Name

Vigo-ghersi Last Name

Case number (if known)

**Additional Page** 

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	<b>-</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>-</b> \$	-
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b></b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	<b>□</b> \$	
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>\$</b>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>\$</b>	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>□</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief	•••••••••••••••••••••••••••••••••••••••	□ \$	
description:  Line from Schedule A/B:	Ψ	100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ s	
Line from Schedule A/B:	· · · · · · · · · · · · · · · · · · ·	100% of fair market value, up to any applicable statutory limit	
Brief lescription:	\$	<b>\$</b>	
Line from Schedule A/B: ———		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>\$</b>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

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	Document P	age 31 of 61		
Fill in this information to identify your cas	e:			
Subsection				
Debtor 1 First Name Middle !	lame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle I	iame Last Name			
United States Bankruptcy Court for the:	District of			
Case number			□ с	neck if this is an
(If known)				nended filing
06.11.				
Official Form 106D_		_		
Schedule D: Creditor	s Who Have Clai	ms Secured	by Property	12/15
Be as complete and accurate as possible information. If more space is needed, cop additional pages, write your name and can.  1. Do any creditors have claims secured to the low the low and submit this for the low Yes. Fill in all of the information below.	y the Additional Page, fill it out, noise number (if known).  by your property?  m to the court with your other sched	umber the entries, and a	ttach it to this form. On the t	op of any
Part 1: List All Secured Claims				
List all secured claims. If a creditor has r for each claim. If more than one creditor has much as possible, list the claims in alp	as a particular claim, list the other o	e creditor separately Amoreditors in Part 2.	mn A Column B value of colla to deduct the collateral claim	iteral Unsecured
2.1	Describe the property that secur	es the claim: \$	\$	\$
Creditor's Name				
Number Street	-			
	As of the date you file, the claim Contingent Unliquidated	is: Check all that apply.		
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as car loan)			»
Debtor 1 and Debtor 2 only	<ul><li>Statutory lien (such as tax lien, m</li><li>Judgment lien from a lawsuit</li></ul>	echanic's lien)		
At least one of the debtors and another	Other (including a right to offset)			
☐ Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secur	es the claim: \$	\$	\$
Creditor's Name				
Number Street	As of the date you file, the claim	is: Check all that apply		
	Contingent	ior oncon an anat appry		
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	Disputed			ŧ
Debtor 1 only	Nature of lien. Check all that apply.  An agreement you made (such a			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	<ul><li>Statutory lien (such as tax lien, m</li><li>Judgment lien from a lawsuit</li></ul>	rechanic S nem)		
	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			

\$<u>0</u>

Add the dollar value of your entries in Column A on this page. Write that number here:

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Fill in this i	information to ider	itify your case:	
Debtor 1	Paola		Vigo-ghersi
Deptor	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing	g) First Name	Middle Name	Last Name
United States	s Bankruptcy Court for	the:District	of UTAH
Case number	r		····

### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecure	ed Claims			
each claim listed, identify what type of claim it is. If	editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's neart 1. If more than one creditor holds a particular claim	at claim here ame. If you h	e and show both nave more than er creditors in P	priority and two priority
2.1 Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	\$ <u>6000</u>	<u>\$ 6000</u>	\$_0
Centralized Revenue Service  Number Street Po Box 7346  Philadelphia PA 19101  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Taxes			
2.2 Utah State Tax Commission Priority Creditor's Name  210 North 1950 West Number Street	Last 4 digits of account number  When was the debt incurred? 12/31/2016  As of the date you file, the claim is: Check all that apply	<u> </u>	\$2000	\$_0
Salt Lake City UT 84134 City State ZIP Code  Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt  Is the claim subject to offset? ☑ No ☐ Yes	<ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>□ Domestic support obligations</li> <li>☑ Taxes and certain other debts you owe the government</li> <li>□ Claims for death or personal injury while you were intoxicated</li> <li>□ Other, Specify State Tax</li> </ul>	-		

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Debtor 1	Paola Vigo-ghersi Document First Name Middle Name Last Name	Page 33 of a fumber (if known)	
	First Name Middle Name Last Name		
Part 2:	List All of Your NONPRIORITY Unsecured Claims		
3. <u>Do</u> an	y creditors have nonpriority unsecured claims against you	?	
□ No	. You have nothing to report in this part. Submit this form to the	court with your other schedules.	
Ye Ye	S	•	
l. List all	of your nonpriority unsecured claims in the alphabetical o	order of the creditor who holds each claim. If a creditor has	more than one
nonpri	ority unsecured claim, list the creditor separately for each claim	. For each claim listed, identify what type of claim it is. Do not	list claims already
include	ed in Part 1. If more than one creditor holds a particular claim, li fill out the Continuation Page of Part 2.	st the other creditors in Part 3.If you have more than three no	npriority unsecured
Olaliiis	iii out the Continuation Lage of Cartz.		
<del></del>			Total claim
12 1	Rise Credit Of Utah Llc	Last 4 digits of account number	
•	ority Creditor's Name		\$_2332
	Box 101808	When was the debt incurred? 12/22/2016	
Numbe	er Street  Worth TX 76185		
City	State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		Contingent	
Who	incurred the debt? Check one.	Unliquidated	
<b>ઇ</b> 0	ebtor 1 only	☐ Disputed	
	ebtor 2 only	·	
	ebtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
L <b>i</b> At	least one of the debtors and another	☐ Student loans	
☐ c	heck if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
Ø No		Other Specify Loan	
☐ Ye	es		
Adv	anced Prof Serv	Last 4 digits of account number	\$ 800
	ority Creditor's Name	When was the debt incurred? 2016	
860 ]	East 4500 South Suite 302		
Numbe			
	Lake City UT 84107	As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	☐ Contingent	
	incurred the debt? Check one.	Unliquidated	
<b>∑</b> D∈	ebtor 1 only	☐ Disputed	
	ebtor 2 only	Type of NONEDIODITY upper oursel slaims	
-	ebtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
<b>∟</b> At	least one of the debtors and another	Student loans	
☐ Cł	neck if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
is the	claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
☑ No		Other. Specify Medical Bill	
☐ Ye	s		
Adva	antage Eve Care	Last 4 digits of account number	
	ority Creditor's Name		\$ <u>151</u>
<b>7</b> 677	Maple St	When was the debt incurred? 08/12/2016	
Number			
	vale UT 84047	As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	_	
	ncurred the debt? Check one.	☐ Contingent ☐ Unliquidated	
	btor 1 only	Disputed	
	btor 2 only		
	btor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
ual At	least one of the debtors and another	☐ Student loans	
🗆 сн	eck if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
la éba	alaim auhinet to offeet?	that you did not report as priority claims	

No

☐ Yes

Is the claim subject to offset?

 $f \Box$  Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Bill

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Debtor 1

Paola		

Vigo-ghersi

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Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 100 4.4 Last 4 digits of account number 8981 \$ 567 Capital One Bank Nonpriority Creditor's Name 04/02/2016 When was the debt incurred? Po Box 30281 Street As of the date you file, the claim is: Check all that apply. Salt Lake City UT 84130 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Credit Card Ø No ☐ Yes 4.5 \$ 1944 Last 4 digits of account number Cbe Group-healthcare Nonpriority Creditor's Name 10/30/2014 When was the debt incurred? 131 Tower Park Dr. Suite 100 Street As of the date you file, the claim is: Check all that apply. Waterpp IA 50704 State ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Collections To Ihc Tosh Ø No ☐ Yes \$ 641 4.6 Last 4 digits of account number Cbe Group-healthcare Nonpriority Creditor's Name When was the debt incurred? 10/29/2016 131 Tower Park Dr. Number As of the date you file, the claim is: Check all that apply. Waterloo IA 50704 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections For Ihc Is the claim subject to offset? No.

☐ Yes

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Debtor 1

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Paola 📉		
	Beiddle Nieses	

Vigo-ghersi Document

Par	t 2: Your NONPRIORITY Unsecured Claims — Continuation	tion Page	
Afte	er listing any entries on this page, number them beginning with 4.	4, followed by 4.5, and so forth.	Total claim
4.7	Cbe Group-healthcare	Last 4 digits of account number	\$_336
	Nonpriority Creditor's Name 131 Tower Park Dr.	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Waterloo IA 50704 City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	Olerati testata alatan in fari a communiti dalah	you did not report as priority claims	
	Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Collections For Ihc	
	No No		
	Yes		
4.8		Last 4 digits of account number	<b>\$_142</b>
	Cbe Group-healthcare Nonpriority Creditor's Name	10/30/2014	
	131 Tower Park Dr. Suite 100	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Waterpp IA 50704		
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
		☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	<u></u>	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Bill	
	No	Color opening Interest Date	
	Yes		
4.9			\$ <u>115</u>
	Century Link/qwest Corp	Last 4 digits of account number	
	Nonpriority Creditor's Name	When was the debt incurred? 10/16/2014	
	Po Box 91155  Number Street	A SOLD I A COMPLETE AND A STATE OF THE SOLD OF THE SOURCE OF THE SOLD OF THE S	
	Seatte WA 98111	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
		☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only		
	☐ At least one of the debtors and another	Student loans	
		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Cable	
	☑ No		
	Yes		

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Debtor 1

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Comcast	Last 4 digits of account number \$_2	200
Nonpriority Creditor's Name	When was the debt incurred? 03/15/2016	
9602 South 300 West Number Street		
Sandy UT 84070	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Student loans	
	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify <u>Cable/internet Bill</u>	
Ø No □ Year		
Yes		
	Last 4 digits of account number \$	115
Eos Cca Nonpriority Creditor's Name		
Po Box 981008	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Boston MA 02298 City State ZIP Code	•	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify <u>Collections For Centruy Link</u>	
<ul><li>☑ No</li><li>☑ Yes</li></ul>		
	\$ 2	203
Epic Emergency Physicians	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 12/10/2013	
144 South 500 East Number Street		
Salt Lake City UT 84102	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify Medical Bill	
is the claim subject to offset?	Other, Specily Medical Diff	

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Debtor 1

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

101a		vigo-gner
Name	Middle Name	Last Na

Afte	r listing any entries on this page, number them	beginning with 4.4, followed by 4.5, and so forth.	Total claim
.13		Last 4 digits of account number	- 105
	Express Recovery Nonpriority Creditor's Name	<del>-</del>	\$ <u>195</u>
	Po Box 26415 Number Street	When was the debt incurred? 01/08/2013	
	Salt Lake City UT 84126	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code Contingent Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Collect. For U Of U	
	☑ No ☐ Yes		
1.14		Last 4 digits of account number	\$ 99
	Express Recovery		\$
	Nonpriority Creditor's Name	When was the debt incurred? $\frac{01/08/2013}{}$	
	Po Box 26415 Number Street		
	Salt Lake City UT 84126	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code Contingent	
	10 100	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
		you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Collect. For U Of U	
	<ul><li>✓ No</li><li>☐ Yes</li></ul>		
4.15		Last 4 digits of account number	\$ <u>102</u>
	Express Recovery Nonpriority Creditor's Name		
	Po Box 26415  Number Street	When was the debt incurred? 03/04/2015	
	Salt Lake City UT 84126	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 1 only  Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	•	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Collections For St. Marks F. M	
	Is the claim subject to offset?	Control Confections For St. Marks F. M	
	No.		
	☐ Yes		

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Debtor 1

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Your NONPRIORITY Unsecured Claims — Continuation Page

First Premiere Bank	Last 4 digits of account number 4952	\$ <u>341</u>
Nonpriority Creditor's Name  3820 N. Louise Ave	When was the debt incurred? 06/09/16	
Number Street	As of the date you file, the claim is: Check all that apply.	
Sioux Falls, SD 57107 City State ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one.  Debtor 1 only	Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt  Is the claim subject to offset?  ☑ No	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify <u>Credit Card</u>	
Yes		CONTRACTOR AND THE STREET AND ADMINISTRATION OF THE STREET AND ADM
Gbe Group Healthcare	Last 4 digits of account number	\$ 354
Nonpriority Creditor's Name  131 Tower Park Dr. Suite 100	When was the debt incurred? 10/30/2017	
Number Street Waterpp IA 50704	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only  Debtor 1 and Debtor 2 only	Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Medical</u>	
☑ No □ Yes	— Onto. opening <u>recticus</u>	
Geico	Last 4 digits of account number	\$ <u>146</u>
Nonpriority Creditor's Name One Geico Center	When was the debt incurred? 2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
Mawn GA 31296 City State ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of <b>NONPRIORITY</b> unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	<ul><li>□ Debts to pension or profit-sharing plans, and other similar debts</li><li>☑ Other. Specify Car Insurance</li></ul>	

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Debtor 1	Paola First Name	Middle Name	Vigo-ghersi Last Name	Document	Page 39 of Solumber (# known)_	
Part 2:	Your NONPRI	ORITY Un	secured Cla	ims — Continuatio	on Page	

Afte	r listing any entries on this page, number them beginning with		Total claim
4.19	Granger Medical Clinic	Last 4 digits of account number	\$_40
	Nonpriority Creditor's Name 3725 West 4100 South	When was the debt incurred? 08/14/2015	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	West Valey City UT 84120  City State ZIP Code	Contingent	
	City State 211 5000	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	T. (NONDBIODITY	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	·	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Bill	
	☑ No ☐ Yes		
	- 100		
4.20		PARAMETER A CONTINUE TO THE PARAMETER AND	~ 4
7.20	Granger Medical Clinic	Last 4 digits of account number	\$_31
	Nonpriority Creditor's Name	When was the debt incurred? 08/14/2015	
	3725 West 4100 South	_	
	West Valey City UT 84120	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Bill	
	☑ No		
	☐ Yes		
			\$ <u>133</u>
4.21	Granger Medical Clinic	Last 4 digits of account number	Ф <u>133                                   </u>
	Nonpriority Creditor's Name	— When was the debt incurred? 08/14/15	
	3725 West 4100 South	when was the debt incurred? 00/14/13	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	West Valey City UT 84120 City State ZIP Code	Contingent	
		☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
	☐ At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill	
	No	Other, Opening And States	
	☐ Yes		
			w900000

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Green Light Auto	Last 4 digits of account number	\$ <u>4713</u>
Nonpriority Creditor's Name	When was the debt incurred? 12/17/2015	
Po Box 17556 Number Street	As of the date you file, the claim is: Check all that apply.	
Salt Lake City UT 84117	•	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	and property	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Car Loan ☐	
No	Guier. Speony Car Duan	
V No  ☐ Yes		
_ 100		
	Last 4 digits of account number iple	<sub>\$</sub> 354
Ihc Nonpriority Creditor's Name	10/30/2014	
•	When was the debt incurred?	
5022 State St Number Street	As of the date you file, the claim is: Check all that apply.	
Muraay UT 84107	·	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
	☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only  Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify <u>Medical</u>	
Ø No		
Yes		ON MANUSCRIPTION OF THE PROPERTY OF THE PROPER
	Last 4 digits of account number	\$ <u>641</u>
The		
Nonpriority Creditor's Name	When was the debt incurred? 10/29/2016	
5022 State St Number Street	Control of the Contro	
Murray UT 84107	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Mile Comment the delete Checkers	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		
☐ Deptor 1 and Deptor 2 only ☐ At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Medical	
<b>6</b>		
☑ No ☑ Yes		

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Par	2: Your NONPRIORITY Unsecured Claims — Continu	ation rage	
Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
1.25		Last 4 digits of account number	0.143
	Ihc	<u>-</u>	\$ <u>142</u>
	Nonpriority Creditor's Name	When was the debt incurred? 10/30/2014	
	5022 State St	-	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Murray UT 84107 City State ZIP Code	Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	□ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	Student loans	
	Tricast one of the deprois and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Bill	
	☑ No		
	□ Yes		
	u les		
<u> </u>			***************************************
1.26		Last 4 digits of account number	<sub>\$</sub> 336
	Ihe	_	Ψ
	Nonpriority Creditor's Name	When was the debt incurred? 05/22/2014	
	5022 State St		
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Murray UT 84107 City State ZIP Code	Contingent	
	Sign State Ell State	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	- Віоринов	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	<u></u>	
	At least one of the debtors and another	Student loans	
		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify Medical	
	☑ No		
	Yes		
	100		
1.27		0.404	\$ 258
	Ihe	Last 4 digits of account number9481	
	Nonpriority Creditor's Name		
	Po Box 30193	When was the debt incurred? 2016	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Salt Lake City UT 84103	•	
	City State ZIP Code	Contingent	
		Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Bill	
	No No		
	Yes		
			-900.9

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10 (Sept.)			Total alaim
Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
			10/4/05/05/05
4.28		Last 4 digits of account number	s 1944
	Ihc – Tosh Nonpriority Creditor's Name	10/20/2014	¥ <u>1)44</u>
		When was the debt incurred? $10/30/2014$	
	5848 S. 300 E. Number Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
	Murray UT 84107	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
		Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	<u></u>	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Student loans	
		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical	
	☑ No		
	Yes		
4 30			
4.29	Mountain Land Collections	Last 4 digits of account number	\$_203
	Nonpriority Creditor's Name	12/10/2013	
	Po Box 1280	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	American Fork UT 84003		
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
		☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	<u>''</u>	
	At least one of the debtors and another	<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that</li> </ul>	
		you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify Collections For Epic Emergency	
	☑ No		
	☐ Yes		
r			
4.30		Last 4 digits of account number	\$ <u>151</u>
	Mountain Land Collections		
	Nonpriority Creditor's Name	When was the debt incurred? $08/12/2016$	
	Po Box 1280 Number Street	_	
		As of the date you file, the claim is: Check all that apply.	
	American Fork UT 84003 City State ZIP Code	Contingent	
		Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Collections For Advantage Eye	
	☑ No		
	Yes		
			****

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Your NONPRIORITY Unsecured Claims — Continuation Page

Mountain Land Collections	Last 4 digits of account number	\$ 194
Nonpriority Creditor's Name	When was the debt incurred? 12/10/2013	Y
Po Box 1280	When was the dept incurred?	
Number Street  American Fork UT 84003	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Collections For Utah Imaging	
☑ No		
Yes		
Mountain Medical Physicians	Last 4 digits of account number	\$ <u>257</u>
Nonpriority Creditor's Name	When was the debt incurred?	
5323 S Woodrow St #100		
Murray UT 84123	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	□ Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Bill	
☑ No	- Other, opening tyledical Diff	
Yes		
Mountain West Anesthesis	Last 4 digits of account number 9023	\$ <u>1932</u>
Nonpriority Creditor's Name	When was the debt incurred?11/16/2016_	
Po Box 660827		
Number Street  Dallas TX 75266	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Medical Bill</li> </ul>	
	- OUICI, ODCONY ALTERNATION APART	

Debtor 1

er listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.	Total c
Murray Finance	Last 4 digits of account number	\$ <u>1699</u>
Nonpriority Creditor's Name  25331 1h 10 West 101  Number Street	When was the debt incurred? 08/29/2016	
San Antonio TX 78257 City State ZIP Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	□ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset? ☑ No ☑ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Loan	
Nar	Last 4 digits of account number	\$ <u>257</u>
Nonpriority Creditor's Name 1600 W 2200 S 410	When was the debt incurred? 04/21/2016	
Number         Street           West Valley UT 84119           City         State         ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent	
Who incurred the debt? Check one.  Debtor 1 only	☐ Unliquidated ☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of <b>NONPRIORITY</b> unsecured claim:	
☐ Check if this claim is for a community debt  Is the claim subject to offset?  ☑ No ☐ Yes	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify <u>Collections For Mountain Medic</u></li> </ul>	
<b>—</b> 165		\$ 2332
Not Management Services Nonpriority Creditor's Name	Last 4 digits of account number	
1 Allied Dr Number Street Trayloga PA 10052	As of the date you file, the claim is: Check all that apply.	
Trevose PA 19053 City State ZIP Code  Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans	
☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?  ✓ No  ☐ Yes	Other. Specify Collections For 12 Rise Credit	

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Debtor 1

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

	rith 4.4, followed by 4.5, and so forth. Total of
Outsource Receivables Mg	Last 4 digits of account number \$ 133_
Nonpriority Creditor's Name 317 Taylor	When was the debt incurred? 03/15/2016
Number Street	As of the date you file, the claim is: Check all that apply.
Ogden UT 84403 City State ZIP Code	□ Contingent □ Unliquidated
Who incurred the debt? Check one.  ✓ Debtor 1 only	Disputed
Debtor 2 only Debtor 1 and Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:   Student loans
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify <u>Collections For Granger Medi</u>ca</li> </ul>
☑ No ☐ Yes	
Outsource Receivables Mg	Last 4 digits of account number \$ 31
Nonpriority Creditor's Name 3017 Taylor	When was the debt incurred?
Number Street  Ogden UT 84403	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	☐ Contingent ☐ Unliquidated
Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?  No Yes	Other. Specify <u>Collections For Granger Medi</u> ca
Progressive Leasing	Last 4 digits of account number 2133 \$1410
Nonpriority Creditor's Name  10619 S Jordan Gateway Suite 100	When was the debt incurred? 05/26/2016
Number Street South Jordan UT 84095	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent Unliquidated
Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed
Debtor 2 only	Type of NONPRIORITY unsecured claim:
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?  ✓ No  ☐ Yes	Other. Specify Loan

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Vigo-ghersi Document Page 46 Odas 1 umber (# known) Paola First Name Debtor 1

Par	2: Your NONPRIORITY Unsecured Claims — Continu	uation Page	
Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.40	Speedy Cash	Last 4 digits of account number 6808	\$ <u>1500</u>
	Nonpriority Creditor's Name Po Box 780408	When was the debt incurred? 2015	
	Number Street Wichita KS 67278	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:   Student loans	
	At least one of the debtors and another  Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify <u>Loc</u>	
	☑ No □ Yes		
4.41	C4 Manha Panalla Madiaina	Last 4 digits of account number	<b>\$_102</b>
	St. Marks Family Medicine Nonpriority Creditor's Name  1200 East 3900 South	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Salt Lake City UT 84124 City State ZIP Code	Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:  Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a community debt  Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Bill	
	☑ No □ Yes		
4.42	Stellar Recovery	Last 4 digits of account number	\$ <u>200</u>
	Nonpriority Creditor's Name 1327 Highway 2 West 100	When was the debt incurred?03/15/2016_	
	Number Street Kalispell MT 59901	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections For Comcast	
	✓ No ☐ Yes	Culier. Specify Controlled to Controlled	

Debtor 1

Part 2

After li

Ø No Yes

4.45

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

University Of Utah Healthcare

Who incurred the debt? Check one.

At least one of the debtors and another

☐ Check if this claim is for a community debt

Nonpriority Creditor's Name

Debtor 1 only

Debtor 2 only

Number

650 Komas Dr. #202

Street

Salt Lake City UT 84108

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

4.43

_	·	~	•••	•

		'-21514		Filed 03/02/17 Document	Entered 03/02/17 15:53:55 Page 47 @fs64mber (if known)	Desc Main			
	Paola rst Name	Middle Name	Vigo-ghers Last Nar	1	1 age +1 Gassonumber (if known)				
	ist Name	WIGGE Hame	20011101						
2: You	ur NONP	RIORITY U	nsecured C	laims — Continuatio	n Page				
		on this nage	number the	em beginning with 4.4	followed by 4.5, and so forth.	Total clai			
rusung ai	ny enuies	on this page	, namet ar	etti nedittiilia misit a)					
967856119 ( 4486	STOTE CONTRACTOR	**************************************	eşt. Agellativisi - J	and species and an experience of the species and an experience of	State Control of the				
T-mobile	۵				Last 4 digits of account number 8904	\$ <u>1126</u>			
	reditor's Nam	6			When was the debt incurred? 12/24/2015				
12920 Se	e 38th St								
Number	Street				As of the date you file, the claim is: Check all	that apply.			
Bullevue	e WA 980	06			_				
City			State	ZIP Code	Contingent				
					☐ Unliquidated				
Who incu	rred the de	ebt? Check one	э.		☐ Disputed				
Debtor	1 only								
☐ Debtor					Type of NONPRIORITY unsecured claim:				

☐ Student loans

Obligations arising out of a separation agreement or divorce that

☐ Debts to pension or profit-sharing plans, and other similar debts

you did not report as priority claims

Other. Specify Cell Phone

Last 4 digits of account number

When was the debt incurred?

Contingent ☐ Unliquidated

Disputed

☐ Student loans

4.44	University Of Utah  Nonpriority Creditor's Name  650 Komas Dr. #202  Number Street  Salt Lake City UT 84108  City State ZIP Code	Last 4 digits of account number \$ 99  When was the debt incurred? 01/08/2013  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated
	Who incurred the debt? Check one.	Disputed
	Debtor 1 only Debtor 2 only	Type of <b>NONPRIORITY</b> unsecured claim:
	Debtor 1 and Debtor 2 only	☐ Student loans
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>
	Is the claim subject to offset?	Other Specify Medical Bill
	✓ No □ Yes	

Obligations arising out of a separation agreement or divorce that

As of the date you file, the claim is: Check all that apply.

Type of NONPRIORITY unsecured claim:

1/08/2013

\$<u>195</u>

ZIP Code

State

No D ☐ Yes Case 17-21514

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Debtor 1

Document Vigo-ghersi

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Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim** 4.46 Last 4 digits of account number \$ 194 **Utah Imaging Associates** Nonpriority Creditor's Name 12/10/2013 When was the debt incurred? 380 North 200 West #209 As of the date you file, the claim is: Check all that apply. **Bountiful UT 84010** ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify Medical Bill Is the claim subject to offset? No. ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify ☐ No Yes Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts

Other. Specify\_

☐ No Yes

Is the claim subject to offset?

Debtor 1

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Paola

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

#### **Total claims** from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

#### Total claim

- 6a.
- 6b. 8000
- 6c.
- 6d.
- 6e. 8000

#### **Total claims** from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f,
- 6g.

Total claim

- 6h.
- 6i. 29390
- 6j.

29390

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								3-	_					
Fill	in this ir	nformation	to identif	y your c	ase:									
Deb	otor													
Det	otor 2	First Name		Midd	le Name		ast Name							
	ouse If filing)				le Name		ast Name							
			ourt for the	:	District of								_	
	nown)													eck if this is an ended filing
L														<b>3</b>
Off	ficial F	Form 1	06G											
Sc	hed	ule G:	Exe	cuto	ry Co	ntrac	cts and	d Ur	nexpi	red L	ease	S		12/15
infoi addi	mation. I tional pa	If more spa ges, write y have any ex Check this b	ce is nee your nam cecutory o ox and file	ded, cope and ca	y the additi se number s or unexpi n with the co	ional page (if known) red leases ourt with yo	s? our other sch	number i	the entries	s, and atta	to report	i <b>s page.</b> on this fo	On the to	p of any
	List sepa	arately each	n person	or comp	anv with wh	nom vou h	ts or leases a have the con ons for this fo	itract or	lease. The	en state w	hat each o	ontract	or lease is	
2.1		or company	/ with wh	om you	have the co	ntract or I	lease		State w	hat the co	ntract or	ease is	for	
	Name													
	Number	Street												
	City			State	ZIP Code	na promo un soppi force presentata esta de filos	***************************************		1240600000000000000000000000000000000000	www.	5380000 490 445 465 465 865 865 100		noa <b>e e</b> astainin	
2.2														
	Name													
	Number	Street												
	City	emicros markenames see		State	ZIP Code		na dia kaominina dia kaomi		*******	a angula kan sa ar	0000005 (A) 1 × 300 (A) A 400 (A) A		tanan an	
2.3														
	Name													
	Number	Street												
-	City	<b>**</b> **********************************		State	ZIP Code		tioners and the second	nag sprone a travelar name	CONTRACTOR CONTRACTOR	***************************************	er, t. seatherathanner over the fil	AND SECURITY OF SE	namanana ween sen sen sen sets	and the state of t
2.4	Name													
	Name													
	Number	Street												
-	City	TOTAL DESIGNATION OF THE PARTY		State	ZIP Code	NAME OF THE PERSONS ASSESSED.		e e e e e e e e e e e e e e e e e e e	gggggggggggggggggggggggggggggggggggggg	outediment of the second	erico complementados por como esta esta esta esta esta esta esta esta	\$47578527 Nov. 4 20050070406000	ecoscounterior de plante quanta en account	2004/2000 New Principles Section Section (NOT Section Section (NOT Section Section Section Section Section Sec
2.5	Name					<del>,</del>								
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	Number	Street												
	City			State	ZIP Code			_		6 14 16 5 A . 1 RI	.555			. The interpretation of Bases

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Debto	ve 1				Case number (if known)
Debit	<i>7</i> 1 1	First Name	Middle Name	Last Name	
				Mana Can	tweete av Lancas
76565c		Additional	Page IT You Ha	ave More Con	tracts or Leases
	Persor	or company	with whom you	have the contra	act or lease What the contract or lease is for
				420	
2.6					
	Name				
	Numbe	r Street			
	City		State	ZIP Code	
2.7		A CONTRACTOR OF THE STATE OF TH			
	Name			····	
	1141110				
	Numbe	r Street			
	City		State	ZIP Code	
	City		Otate	Zir Code	
2.8					
	Name				
		Ot4			
	Numbe	r Street			
	City		State	ZIP Code	
	nonaturius qualitates (	enimalisade en escentra en el concentra en entra entra en entra en entra entra entra entra entra entra entra e		TO THE PARTY OF TH	
2.9					
Water Woman	Name				
	Numbe	r Street			
	City		State	ZIP Code	
2.10	NAMES AND ADDRESS OF THE PARTY	AND THE PROPERTY OF THE PROPER	ODGO O CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	OO 1990 OO 1994 OO UU	
2.10	Name				
	ivanie				
	Numbe	r Street			
			0.1	710.0	
	City		State	ZIP Code	
2.11					
$\Box$	Name				
	Numbe	er Street			
	City		State	ZIP Code	
-	Maria Ma	CANADA SE SENSE EMPLOYO (NO CONTROL CO	AND DESIGNATION OF THE PROPERTY OF THE PROPERT	DATA SANDAR	
2.12					
	Name				
	Numbe	er Street			
	TAUTHUE	, 50000			
	City		State	ZIP Code	
2.40	**********	STATE OF THE STATE			
2.13					
	Name				
	Numbe	er Street			
	City		State	ZIP Code	

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Fill in this	information to ide	entify your case:		
Debtor 1	Paola		Vigo-ghersi	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if fili	ing) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court fo	or the: District of _	UTAH	
Case numb	per			

### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

_				
	2 No	? (If you are filing a joint case, do	not list either spouse a	s a codebtor.)
	Yes			
2. <b>V</b>	<b>Vithin the last 8 years, hav</b> Arizona, California, Idaho, Lo	e you lived in a community prop puisiana, Nevada, New Mexico, Pu	<b>perty state or territory</b> uerto Rico, Texas, Was	? (Community property states and territories include hington, and Wisconsin.)
	No. Go to line 3.			
	Yes. Did your spouse, for	rmer spouse, or legal equivalent li	ve with you at the time?	?
	□ No			
	Yes. In which commu	nity state or territory did you live?	***************************************	. Fill in the name and current address of that person.
	Name of your spouse, form	er spouse, or legal equivalent		
	Number Street			-
	City	State	ZIP Code	-
	Ску	State	ZIF Code	
<b>S</b>	Schedule E/F, or Schedule  Column 1: Your codebtor	G to fill out Column 2.		Column 2: The creditor to whom you owe the deb
3.1				Check all schedules that apply:
	Name			Check all schedules that apply:
	Name  Number Street			Check all schedules that apply:
	Number Street		700.0-1-	Check all schedules that apply:  Schedule D, line  Schedule E/F, line
		State	ZIP Code	Check all schedules that apply:  Schedule D, line  Schedule E/F, line
3.2	Number Street  City	State	ZIP Code	Check all schedules that apply:  Schedule D, line  Schedule E/F, line
3.2	Number Street	State	ZIP Code	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line
3.2	Number Street  City	State	ZIP Code	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line
3.2	Number Street  City  Name  Number Street			Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line
	Number Street  City  Name	State	ZIP Code	Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line
	Number Street  City  Name  Number Street  City			Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line
	Number Street  City  Name  Number Street			Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line
	Number Street  City  Name  Number Street  City			Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line
3.2	Number Street  City  Name  Number Street  City  Name			Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line

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Document Page 53 of 61 Vigo-ghersi Case number (if known) Paola Debtor 1 **Additional Page to List More Codebtors** Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: 3.\_ ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_ Number ZIP Code City State ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street State ZIP Code City ☐ Schedule D, line \_\_\_\_\_ Name Schedule E/F, line ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number City State ZIP Code ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_ Number Street City

☐ Schedule D, line \_\_\_\_

☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_

State

ZIP Code

City

Name

Number

Street

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Fill in this information to identify	your case:					
Paola	Vig	o-ghersi				
Debtor 1 First Name	Middle Name I	ast Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	ast Name				
United States Bankruptcy Court for the:	District of UTAI	H				
				Check if the	nis is:	
(If known)				🗖 An am	ended filing	
					olement showing postpetit e as of the following date:	
Official Form 106I				MM / D	D/ YYYY	
Schedule I: You	ır Income					12/15
If you are separated and your spou separate sheet to this form. On the  Part 1: Describe Employm  1. Fill in your employment	top of any additional page	es, write your nam	e and cas	e number (if k	nown). Answer every ques	ition.
information.		Debtor 1	e de-		Debtor 2 or non-filing	spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employed	t		☐ Employed ☐ Not employed	
Include part-time, seasonal, or						
self-employed work.	Occupation	Underwriter				
Occupation may include student or homemaker, if it applies.	·					
	Employer's name	SPS			APA-	
	Employer's address	3717 Decker Lal	ke Dr SLC	C UT 84119		
ŕ	Limployer 3 address	Number Street			Number Street	da es
		City	State ZII	P Code	City Sta	te ZIP Code
	How long employed there	9? <u>3.5 years</u>				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse had below. If you need more space, a	ave more than one employer	, combine the infor				your non-filing
			F.	or Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal deductions). If not paid monthly,	ary, and commissions (bef calculate what the monthly	ore all payroll wage would be.	2. \$_2	2990	\$	
3. Estimate and list monthly over	rtime pay.		3. +\$_0	)	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$_2	2990	\$	

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Case number (if known)

Document

Vigo-ghersi

Paola

Debtor 1

Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here...... > 4. \$ 2990 5. List all payroll deductions: 5a. \$449 5a. Tax, Medicare, and Social Security deductions 5b. \$0 5b. Mandatory contributions for retirement plans \$ 186 5c. 5c. Voluntary contributions for retirement plans \$0 5d. Required repayments of retirement fund loans 5d. \$43 5e. 5e. Insurance **\$ 0** 5f. 5f. Domestic support obligations \$0 5g. 5g. Union dues 5h. Other deductions. Specify: garnishment 5h. +\$959 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. \$<u>1637</u> \$ 1353 7 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a. monthly net income. \$0 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$ 0 8c. settlement, and property settlement. \$0 8d. Unemployment compensation 8d. 8e. Social Security 8e. \$ 0 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$08f. Specify: 8g. \$ 0 8g. Pension or retirement income 8h. + \$ 0 8h. Other monthly income. Specify: 9. \$\_0 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10, Calculate monthly income. Add line 7 + line 9. \$1353 \$ 1353 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. **+** \$<u>0</u> 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1353 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Z No. Yes, Explain:

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Fill in this	information to identify	your case:				
	Paola	Vigo-ghersi				
Debtor 1	First Name	Middle Name Last Name	Check if this	s is:		
Debtor 2 (Spouse, if filin	d) First Name	Middle Name Last Name	An ame		-	
' '	s Bankruptcy Court for the:	District of UTAH			howing postp the following	etition chapter 13 date:
Case number	er		MM / DD	/ YYYY		
Official	Form 106J					
		ur Expenses				12/15
Be as comp	lete and accurate as pe	ossible. If two married people are filied, attach another sheet to this form	ng together, both are equally re . On the top of any additional p	sponsik ages, w	ole for supplyi	ng correct and case number
Part 1:	Describe Your Hou	ısehold				
1. Is this a j	oint case?					
-	Go to line 2. Does Debtor 2 live in a s	separate household?				
l	No					
Ţ		le Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.	<u></u>		30000-4 NAGA 32000000000000000000000000000000000000
•	ave dependents?	No  Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Debtor 2.	3	each dependent		- *	· · · · · · · · · · · · · · · · · · ·	No
Do not sta names.	ate the dependents'			_	<del></del>	Yes
						No No
						Yes
				_	·····	Mo □ Yes
						III No
				<del>-</del>		Yes
						<b>₩</b> No
						Yes
expenses	expenses include s of people other than and your dependents?	☑ No ☑ Yes		. uyajen menusususususus		
Part 2:	Estimate Your Ongo	ing Monthly Expenses				
		r bankruptcy filing date unless you a	re using this form as a suppler	nent in a	Chapter 13 c	ase to report
	s of a date after the ba	nkruptcy is filed. If this is a supplem				
		n-cash government assistance if you			Your expe	
		d it on Schedule I: Your Income (Offi			•	
i i	for the ground or lot.	expenses for your residence. Include	nrst mortgage payments and	4.	\$ <u>815</u>	
	cluded in line 4:				\$_ <b>0</b>	
	al estate taxes			4a.	\$ <u>0</u>	
	operty, homeowner's, or			4b.	\$ \$_0	
	me maintenance, repair,	, ,		4c.	\$_ <del>0</del>	
4d Ho	meowner's association of	or condominium dues		4d.	<b>3</b>	

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			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$_0
	Utilities:		
0.	6a. Electricity, heat, natural gas	6a.	<sub>\$</sub> 75
	6b. Water, sewer, garbage collection	6b.	\$ <u>0</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 120
	6d. Other. Specify:	6d.	\$ <del>0</del>
7	Food and housekeeping supplies	7.	\$ 450
	Childcare and children's education costs	8.	\$_0
9.		9.	\$ 25
10.		10.	\$ 50
11.		11.	\$ <u>0</u>
	Transportation. Include gas, maintenance, bus or train fare.	11.	
12.	Do not include car payments.	12.	\$ <u>300</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>0</u>
14.	Charitable contributions and religious donations	14.	\$_0
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$_0
	15b. Health insurance	15b.	\$ 0
	15c. Vehicle insurance	15c.	<b>\$ 150</b>
	15d. Other insurance. Specify:	15d.	\$_0
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$ <u> </u>
17.	installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$_0
	17b. Car payments for Vehicle 2	17b.	<b>\$</b> _0
	17c. Other. Specify:	17c.	\$_0
	17d. Other. Specify:	17d.	\$ <u>0</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	<b>\$</b> 0
19.	Other payments you make to support others who do not live with you,		
	Specify:	19.	\$_0
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	9.	
	20a. Mortgages on other property	20a.	\$ <u>0</u>
	20b. Real estate taxes	20b.	\$_0
	20c. Property, homeowner's, or renter's insurance	20c.	\$_0
	20d. Maintenance, repair, and upkeep expenses	20d.	\$_0
	20e. Homeowner's association or condominium dues	20e.	\$ <u>0</u>

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lebtor 1 Paola Vigo-ghersi First Name Middle Name Last Name	Case number (# known)	
. Other. Specify:	21.	+\$ <u>0</u>
. Calculate your monthly expenses.	·	
22a. Add lines 4 through 21.	22a.	\$_2015
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106.	J-2 22b.	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$
3. Calculate your monthly net income.		s 1353
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	
23b. Copy your monthly expenses from line 22c above.		_ \$_2015
23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c.	\$ <u>-662</u>
4. Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do mortgage payment to increase or decrease because of a modification to the terms	you expect your	
₩ No.	approximate and the second	
Yes. Explain here:		

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htor 1	Paola		Vigo-ghers
Debtor 1	First Name	Middle Name	Last Name
btor 2	-	Middle Name	Last Name
use, if filing)			
ed States	Bankruptcy Court for the: _	Dist	rict of UTAH

☐ Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an att	torney to help you fill out bankruptcy forms?
Yes. Name of person Ai Nec Deic	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the s that they are true and correct.	summary and schedules filed with this declaration and
x kenson x	
Signature of Debtor 1 2 Date 2 28 - (7	Signature of Debtor 2  Date
MM / DD / YYYY	MM / DD / YYYY

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lahtar 1	Paola			Vigo-ghers
Debtor 1	First Name	Middle Name		Last Name
ebtor 2 Spouse, if filing)	First Name	Middle Name		Last Name
nited States	Bankruptcy Court for the:		District of	UTAH
e number				



### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

For any creditors that you listed in Part 1 of Schedule D: C information below.		
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No res
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No Yes
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No Yes
Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No Yes

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Debtor 1 Paola Vigo-ghersi Case number (If known)

Part 2: List Your Unexpired Persona	
fill in the information below. Do not list real e	nat you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), state leases. Unexpired leases are leases that are still in effect; the lease period has not yet nal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired personal property	leases Will the lease be assumed?
Lessor's name:	No
Description of leased property:	Yes
Lessor's name:	□No
Description of leased property:	Yes
Lessor's name:	
Description of leased property:	Yes
Lessor's name:	□No □Yes
Description of leased property:	·
Lessor's name:	<b>□</b> No
Description of leased property:	Yes
Lessor's name:	□No
Description of leased property:	Yes
Lessor's name:	□-No
Description of leased property:	Yes
Part 3: Sign Below	
personal property that is subject to an unexp	
Signature of Debtor 1	Signature of Debtor 2
Date 2 28 13	Date